## Case 17-26568 Doc 1 Filed 09/05/17 Entered 09/05/17 13:49:25 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: |                               |                                   |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|                                                 | Chapter 7                     |                                   |
|                                                 | ☐ Chapter 11                  |                                   |
|                                                 | ☐ Chapter 12                  |                                   |
|                                                 | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai                | rt 1:              | Identify Yourself                                                                                      |                                                |                                               |
|--------------------|--------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
|                    |                    |                                                                                                        | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.                 | You                | r full name                                                                                            |                                                |                                               |
| you<br>pict<br>exa |                    | e the name that is on<br>government-issued<br>ire identification (for<br>nple, your driver's           | Michael First name                             | First name                                    |
|                    | licer              | se or passport).                                                                                       | Middle name                                    | Middle name                                   |
|                    | iden               | g your picture<br>tification to your<br>ting with the trustee.                                         | Quinn Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.                 |                    | other names you have<br>d in the last 8 years                                                          |                                                |                                               |
|                    |                    | ide your married or<br>den names.                                                                      |                                                |                                               |
| 3.                 | you<br>num<br>Indi | y the last 4 digits of<br>r Social Security<br>ober or federal<br>vidual Taxpayer<br>tification number | xxx-xx-7574                                    |                                               |

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Case number (if known)

Debtor 1 Michael A Quinn

|          |                                                                                                                                                | About Debtor 1:                                                                                                                                                                           | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.       | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs                                                                                                                      | ☐ I have not used any business name or EINs.  Business name(s)  EINs                                                                                                                          |
| 5.       | Where you live                                                                                                                                 | 2619 W. Gunnison. Apt 3E Chicago, IL 60625 Number, Street, City, State & ZIP Code                                                                                                         | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code                                                                                                             |
|          |                                                                                                                                                | Cook                                                                                                                                                                                      | County                                                                                                                                                                                        |
|          |                                                                                                                                                | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  2619 W. Gunnison. Apt 3E             | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.                                                    |
|          |                                                                                                                                                | Chicago, IL 60625 Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                        | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                              |
| <b>.</b> | Why you are choosing this district to file for bankruptcy                                                                                      | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|          |                                                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                               |

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Case number (if known) Debtor 1 Michael A Quinn

| ar                                                                                                                                                                                  | Tell the Court About                                                                                                                   | Your B     | ankruptcy Ca   | ise                                |                                                        |                                                                                                                                  |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 7.                                                                                                                                                                                  | The chapter of the Bankruptcy Code you are                                                                                             |            |                |                                    | of each, see Notice Require page 1 and check the appro | d by 11 U.S.C. § 342(b) for Individuals Formate box.                                                                             | Filing for Bankruptcy    |
|                                                                                                                                                                                     | choosing to file under                                                                                                                 | <b>■</b> C | hapter 7       |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     |                                                                                                                                        | □с         | hapter 11      |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     |                                                                                                                                        | □с         | hapter 12      |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     |                                                                                                                                        | □с         | hapter 13      |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            |                |                                    |                                                        |                                                                                                                                  |                          |
| 3.                                                                                                                                                                                  | How you will pay the fee                                                                                                               | •          | about how yo   | u may pay. Typ<br>attorney is subr | ically, if you are paying the f                        | check with the clerk's office in your loca<br>ee yourself, you may pay with cash, cas<br>behalf, your attorney may pay with a cr | hier's check, or money   |
|                                                                                                                                                                                     | I need to pay the fee in installments. If you choose this option, sign and attach the Filing Fee in Installments (Official Form 103A). |            |                |                                    |                                                        | option, sign and attach the Application                                                                                          | for Individuals to Pay   |
| ☐ I request that my fee be waived (You may request this option only if you are filing for but is not required to, waive your fee, and may do so only if your income is less than 1: |                                                                                                                                        |            |                |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            | applies to you | ur family size ar                  | nd you are unable to pay the                           | fee in installments). If you choose this o<br>(Official Form 103B) and file it with your                                         | ption, you must fill out |
|                                                                                                                                                                                     |                                                                                                                                        |            |                |                                    |                                                        |                                                                                                                                  |                          |
| 9.                                                                                                                                                                                  | Have you filed for bankruptcy within the                                                                                               | ■ No       | Э.             |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     | last 8 years?                                                                                                                          | ☐ Ye       |                |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            | District       |                                    | When                                                   | Case number                                                                                                                      |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            | District       |                                    | When                                                   | Case number                                                                                                                      |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            | District       |                                    | When                                                   | Case number                                                                                                                      |                          |
| 10.                                                                                                                                                                                 | Are any bankruptcy                                                                                                                     | ■ No       | )              |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     | cases pending or being filed by a spouse who is                                                                                        | □Ye        | es.            |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate?                                                  |            |                |                                    |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            | Debtor         |                                    |                                                        | Relationship to you                                                                                                              |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            | District       |                                    | When                                                   | Case number, if know                                                                                                             | /n                       |
|                                                                                                                                                                                     |                                                                                                                                        |            | Debtor         |                                    |                                                        | Relationship to you                                                                                                              |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            | District       |                                    | When                                                   | Case number, if know                                                                                                             | n                        |
| 11.                                                                                                                                                                                 | Do you rent your                                                                                                                       | □ No       | o. Go to l     | ine 12.                            |                                                        |                                                                                                                                  |                          |
|                                                                                                                                                                                     | residence?                                                                                                                             | ■ Ye       | As Has yo      | ur landlord obta                   | ained an eviction judgment a                           | gainst you and do you want to stay in yo                                                                                         | our residence?           |
|                                                                                                                                                                                     |                                                                                                                                        | 6          | ;s.            | No. Go to line                     | 12.                                                    |                                                                                                                                  |                          |
|                                                                                                                                                                                     |                                                                                                                                        |            | _              |                                    |                                                        | ction Judgment Against You (Form 101A                                                                                            | and file it with this    |
|                                                                                                                                                                                     |                                                                                                                                        |            | _              | bankruptcy pet                     | iition.                                                |                                                                                                                                  |                          |

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Desc Main Document Page 4 of 48 Case number (if known) Debtor 1 Michael A Quinn Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. |  |
|------|--|
|      |  |
|      |  |

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Michael A Quinn Page 5 of 48 Case number (if known)

Part 5: Exp

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 48 Case number (if known) Debtor 1 Michael A Quinn Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael A Quinn Signature of Debtor 2 Michael A Quinn Signature of Debtor 1 Executed on September 5, 2017 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Michael A Quinn Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Gina B. k     | Krol                  | Date          | September 5, 2017 |
|-------------------|-----------------------|---------------|-------------------|
| Signature of A    | Attorney for Debtor   | -             | MM / DD / YYYY    |
|                   |                       |               |                   |
| Gina B. Krol      |                       |               |                   |
| Printed name      |                       |               |                   |
| Cohen & Kro       | ol                    |               |                   |
| Firm name         |                       |               |                   |
| 105 West M        | adison Street         |               |                   |
| Suite 1100        |                       |               |                   |
| Chicago, IL       | 60602-4600            |               |                   |
| Number, Street, C | ity, State & ZIP Code |               |                   |
| Contact phone     | 312.368.0300          | Email address |                   |
| 6187642           |                       |               |                   |
| Bar number & Stat | to                    |               |                   |

|                     |                          | 17(7(.1)1110      | 111 FAUE 0 UL 40 |  |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                  |  |
| Debtor 1            | Michael A Quinn          |                   |                  |  |
|                     | First Name               | Middle Name       | Last Name        |  |
| Debtor 2            |                          |                   |                  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                          |                   |                  |  |
| (if known)          |                          |                   |                  |  |
|                     |                          |                   |                  |  |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets                                                                                                                                                                           |            |                             |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|
|     |                                                                                                                                                                                                    |            | assets<br>e of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$_        | 0.00                        |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$         | 4,100.00                    |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$         | 4,100.00                    |
| Par | 2: Summarize Your Liabilities                                                                                                                                                                      |            |                             |
|     |                                                                                                                                                                                                    |            | liabilities<br>unt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$_        | 0.00                        |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$_        | 0.00                        |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$_        | 30,160.97                   |
|     | Your total liabilities                                                                                                                                                                             | \$         | 30,160.97                   |
| Par | 3: Summarize Your Income and Expenses                                                                                                                                                              |            |                             |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$         | 745.00                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$_        | 1,422.00                    |
| Par | 4: Answer These Questions for Administrative and Statistical Records                                                                                                                               |            |                             |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other s | schedules.                  |
| 7.  | Yes What kind of debt do you have?                                                                                                                                                                 |            |                             |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Michael A Quinn

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--------------------------------------------------------------------------------------------------------------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

945.00

## Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Boot 4 on Oaks data E/E come the fall and an                                                                            | Total claim |      |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |             |      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$          | 0.00 |

|                      |                                                         | Doc                     | ument                         | Page 10 of 48                                                                                         |                                       |               |                                 |
|----------------------|---------------------------------------------------------|-------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------|---------------|---------------------------------|
| Fill in this infor   | mation to identify your                                 | case and this filing    | :                             |                                                                                                       |                                       |               |                                 |
| Debtor 1             | Michael A Quinn                                         |                         |                               |                                                                                                       |                                       |               |                                 |
| Debtor 2             | First Name                                              | Middle Name             |                               | Last Name                                                                                             |                                       |               |                                 |
| (Spouse, if filing)  | First Name                                              | Middle Name             |                               | Last Name                                                                                             |                                       |               |                                 |
| United States Ba     | ankruptcy Court for the:                                | NORTHERN DIST           | RICT OF ILLI                  | NOIS                                                                                                  |                                       |               |                                 |
| Case number          |                                                         |                         |                               |                                                                                                       |                                       |               | Check if this is an             |
| -                    |                                                         |                         |                               | _                                                                                                     |                                       | _             | amended filing                  |
|                      |                                                         |                         |                               |                                                                                                       |                                       |               |                                 |
| Official Fo          | orm 106A/B                                              |                         |                               |                                                                                                       |                                       |               |                                 |
| Schedul              | le A/B: Prop                                            | erty                    |                               |                                                                                                       |                                       |               | 12/15                           |
| hink it fits best. I | Be as complete and accura<br>re space is needed, attach | te as possible. If two  | married peopl                 | an asset fits in more than one<br>le are filing together, both are<br>ne top of any additional pages, | equally responsible                   | for supplying | ng correct                      |
| Part 1: Describe     | Each Residence, Building                                | , Land, or Other Real   | Estate You Ov                 | wn or Have an Interest In                                                                             |                                       |               |                                 |
| . Do you own or      | have any legal or equitable                             | e interest in any resid | ence, building                | , land, or similar property?                                                                          |                                       |               |                                 |
| ☐ No. Go to Pa       | rt 2.                                                   |                         |                               |                                                                                                       |                                       |               |                                 |
| Yes. Where           | is the property?                                        |                         |                               |                                                                                                       |                                       |               |                                 |
|                      |                                                         | •••                     |                               | _                                                                                                     |                                       |               |                                 |
| 1.1                  |                                                         | What                    |                               | by? Check all that apply                                                                              | Do not deduct secu                    | rad alaima a  | r ovemptions Dut                |
| Street address       | , if available, or other description                    | ⊔                       | Single-family<br>Duplex or mu | ilti-unit building                                                                                    | the amount of any s                   | secured clain | ns on Schedule D:               |
|                      |                                                         |                         | Condominium                   | n or cooperative                                                                                      | Creditors Who Have                    | e Clairis Sec | cured by Property.              |
|                      |                                                         |                         | Manufactured                  | d or mobile home                                                                                      |                                       |               |                                 |
|                      |                                                         | •                       | Land                          |                                                                                                       | Current value of the entire property? |               | rent value of the tion you own? |
| City                 | State                                                   | ZIP Code                | Investment pr                 | roperty                                                                                               | Unkno                                 | wn            | Unknown                         |
|                      |                                                         |                         | Timeshare<br>Other            |                                                                                                       | Describe the natur                    |               |                                 |
|                      |                                                         | <del>-</del>            |                               | at in the property? Check one                                                                         | a life estate), if kno                |               | by the entireties, or           |
|                      |                                                         |                         | Debtor 1 only                 | ,                                                                                                     |                                       |               |                                 |
| County               |                                                         |                         | ,                             |                                                                                                       |                                       |               |                                 |
| County               |                                                         |                         |                               | Debtor 2 only of the debtors and another                                                              | Check if this i                       |               | ty property                     |
|                      |                                                         |                         | , ii 1000t 0110 t             | or the debtors and another<br>you wish to add about this iten                                         | ,                                     |               |                                 |
|                      |                                                         | prope                   | erty identificat              | ion number:                                                                                           | •                                     |               |                                 |
|                      |                                                         |                         |                               | I Vacant Bog Land in Irela<br>clear title would exceed th                                             |                                       |               | nformation                      |
|                      |                                                         |                         |                               |                                                                                                       | г                                     |               |                                 |
|                      |                                                         |                         |                               | from Part 1, including any                                                                            |                                       |               | \$0.00                          |
| Part 2: Describe     | Your Vehicles                                           |                         |                               |                                                                                                       |                                       |               |                                 |
|                      |                                                         |                         |                               | whether they are registere<br>Executory Contracts and Une                                             |                                       | any vehicle   | s you own that                  |
| 3. Cars, vans, t     | rucks, tractors, sport ut                               | ility vehicles, moto    | rcycles                       |                                                                                                       |                                       |               |                                 |
| ■ No                 |                                                         |                         |                               |                                                                                                       |                                       |               |                                 |

☐ Yes

|     |                                    | Case 17-2                                            | 26568         | Doc 1             | Filed 09/05/17<br>Document                 | Entered 09/05/17 13: Page 11 of 48                                  | 49:25       | Desc Main                                                                          |
|-----|------------------------------------|------------------------------------------------------|---------------|-------------------|--------------------------------------------|---------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------|
| D   | ebtor 1                            | Michael A Qu                                         | iinn          |                   | Document                                   | Case number                                                         | (if known)  |                                                                                    |
|     |                                    |                                                      |               |                   |                                            | cles, other vehicles, and accesso owmobiles, motorcycle accessories |             |                                                                                    |
|     | ■ No                               |                                                      |               |                   |                                            |                                                                     |             |                                                                                    |
|     | □ Yes                              |                                                      |               |                   |                                            |                                                                     |             |                                                                                    |
|     |                                    |                                                      |               |                   |                                            |                                                                     |             |                                                                                    |
| 5   |                                    |                                                      |               |                   |                                            | om Part 2, including any entries t                                  |             | \$0.00                                                                             |
| Pa  | art 3: Des                         | scribe Your Perso                                    | nal and Ho    | usehold Items     | 3                                          |                                                                     |             |                                                                                    |
|     |                                    |                                                      |               |                   | est in any of the follow                   | ing items?                                                          |             | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6.  |                                    | old goods and f                                      |               |                   | nina, kitchenware                          |                                                                     |             |                                                                                    |
|     | □ No                               | oo. Major applian                                    | 000, 10111110 | 310, 11110110, 01 | ina, Riononware                            |                                                                     |             |                                                                                    |
|     | Yes.                               | Describe                                             |               |                   |                                            |                                                                     |             |                                                                                    |
|     |                                    |                                                      | Dining F      | Room Set T        | elevision Ricycle Re                       | ench, Stero System, Table,                                          | 7           |                                                                                    |
|     |                                    |                                                      | Desk          | (tooiii oet, i    | elevision, bicycle, be                     | onen, otero oystem, rabie,                                          |             | \$1,100.00                                                                         |
|     |                                    |                                                      |               |                   |                                            |                                                                     |             |                                                                                    |
| 7.  |                                    | es: Televisions a                                    | -             |                   | stereo, and digital equipia players, games | oment; computers, printers, scanner                                 | s; music co | ollections; electronic devices                                                     |
|     | ■ No □ Yes.                        | Describe                                             |               |                   |                                            |                                                                     |             |                                                                                    |
| 8.  | Collectil                          | oles of value                                        |               |                   |                                            | oks, pictures, or other art objects; st                             | amp, coin,  | or baseball card collections;                                                      |
|     | ■ No                               |                                                      | ,             | ,                 |                                            |                                                                     |             |                                                                                    |
|     | ☐ Yes.                             | Describe                                             |               |                   |                                            |                                                                     |             |                                                                                    |
| 9.  |                                    | ent for sports ares: Sports, photo<br>musical instru | graphic, ex   |                   | other hobby equipment;                     | bicycles, pool tables, golf clubs, ski                              | s; canoes a | and kayaks; carpentry tools;                                                       |
|     |                                    | Describe                                             |               |                   |                                            |                                                                     |             |                                                                                    |
| 10  |                                    |                                                      |               |                   |                                            |                                                                     |             |                                                                                    |
| 10  | . <b>Firearn</b><br>Examp          |                                                      | s, shotguns   | s, ammunitior     | n, and related equipmen                    | t                                                                   |             |                                                                                    |
|     | ■ No                               |                                                      |               |                   |                                            |                                                                     |             |                                                                                    |
|     | ☐ Yes.                             | Describe                                             |               |                   |                                            |                                                                     |             |                                                                                    |
| 11  | Clothes  Examp                     |                                                      | othes, furs,  | leather coat      | s, designer wear, shoes                    | accessories                                                         |             |                                                                                    |
|     |                                    | Describe                                             |               |                   |                                            |                                                                     |             |                                                                                    |
|     | 100.                               | 20001120                                             |               |                   |                                            |                                                                     | _           |                                                                                    |
|     |                                    |                                                      | Normal        | wearing ap        | parel.                                     |                                                                     |             | \$200.00                                                                           |
|     |                                    |                                                      |               |                   |                                            |                                                                     |             |                                                                                    |
| 12  | . <b>Jewelr</b> y<br>Examp<br>■ No |                                                      | welry, cost   | ume jewelry,      | engagement rings, wed                      | ding rings, heirloom jewelry, watche                                | s, gems, g  | old, silver                                                                        |
|     | ☐ Yes.                             | Describe                                             |               |                   |                                            |                                                                     |             |                                                                                    |
| 13  |                                    | rm animals<br>bles: Dogs, cats, l                    | birds, hors   | es                |                                            |                                                                     |             |                                                                                    |
|     | _                                  | Describe                                             |               |                   |                                            |                                                                     |             |                                                                                    |
| Off | ficial Forn                        |                                                      |               |                   | Schedule A/B: F                            | Property                                                            |             | page 2                                                                             |

Best Case Bankruptcy

| Debtor 1       | Case 17-26568  Michael A Quinn                                                     | B Doc 1                     | Filed 09/05/17<br>Document                         | Entered 09/09<br>Page 12 of 48 | 5/17 13:49:25<br>Case number (if known)                                                                                    | Desc Main                                                                          |
|----------------|------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                | Dog                                                                                |                             |                                                    |                                |                                                                                                                            | \$0.00                                                                             |
|                |                                                                                    |                             |                                                    |                                |                                                                                                                            |                                                                                    |
| ■ No           | ther personal and house . Give specific information                                |                             | u did not already list, iı                         | ncluding any health ai         | ds you did not list                                                                                                        |                                                                                    |
|                | the dollar value of all of<br>art 3. Write that number                             |                             |                                                    |                                | ou have attached                                                                                                           | \$1,300.00                                                                         |
| Port 4. Do     | escribe Your Financial Asse                                                        | 40                          |                                                    |                                | l                                                                                                                          |                                                                                    |
|                | wn or have any legal or e                                                          |                             | est in any of the follow                           | ing?                           |                                                                                                                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| □ No           | ples: Money you have in y                                                          |                             |                                                    |                                | hen you file your petition                                                                                                 | on                                                                                 |
| ■ Yes.         |                                                                                    |                             |                                                    |                                | Cash located<br>in the North<br>Shore<br>Community<br>Bank, 2300 W.<br>Lawrence Ave.<br>Chicago, IL<br>60625.<br>Account # |                                                                                    |
|                |                                                                                    |                             |                                                    |                                | 3800273793.                                                                                                                | \$2,800.00                                                                         |
|                | sits of money<br>ples: Checking, savings, o<br>institutions. If you ha             |                             | al accounts; certificates counts with the same ins |                                | dit unions, brokerage h                                                                                                    | nouses, and other similar                                                          |
| ■ No           | ŕ                                                                                  | ·                           |                                                    | •                              |                                                                                                                            |                                                                                    |
| ⊔ Yes.         |                                                                                    |                             | Institution n                                      | ame:                           |                                                                                                                            |                                                                                    |
|                | s, mutual funds, or publicables: Bond funds, investm                               |                             |                                                    | ey market accounts             |                                                                                                                            |                                                                                    |
|                |                                                                                    | Institution or is           | ssuer name:                                        |                                |                                                                                                                            |                                                                                    |
|                | ublicly traded stock and<br>venture                                                | interests in ir             | corporated and unince                              | orporated businesses           | , including an interes                                                                                                     | t in an LLC, partnership, and                                                      |
|                | Give specific information                                                          | about them<br>me of entity: |                                                    |                                | % of ownership:                                                                                                            |                                                                                    |
| Negot<br>Non-r | nment and corporate bo<br>tiable instruments include<br>negotiable instruments are | personal check              | s, cashiers' checks, pror                          | missory notes, and mor         | ney orders.                                                                                                                |                                                                                    |
| ■ No<br>□ Yes. | Give specific information lss                                                      | about them<br>uer name:     |                                                    |                                |                                                                                                                            |                                                                                    |
|                | ment or pension account<br>poles: Interests in IRA, ERI                            |                             | 1(k), 403(b), thrift saving                        | s accounts, or other pe        | nsion or profit-sharing                                                                                                    | plans                                                                              |
|                | List each account separa<br>Type                                                   | tely.<br>of account:        | Institution n                                      | ame:                           |                                                                                                                            |                                                                                    |
| Official For   | m 106A/B                                                                           |                             | Schedule A/B: F                                    | Property                       |                                                                                                                            | page 3                                                                             |

Page 13 of 48

Case number (if known) Document Debtor 1 Michael A Quinn 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..

Case 17-26568

Doc 1

Filed 09/05/17

Entered 09/05/17 13:49:25

Desc Main

| 5                | Case 17-26568                                                       | Doc 1             | Filed 09/05/17<br>Document | Page 14 of 48                               | Desc Main      |
|------------------|---------------------------------------------------------------------|-------------------|----------------------------|---------------------------------------------|----------------|
| Debtor 1         | Michael A Quinn                                                     |                   |                            | Case number (if known)                      |                |
|                  | ns against third parties, when mples: Accidents, employmen          |                   |                            | it or made a demand for payment<br>s to sue |                |
|                  | s. Describe each claim                                              |                   |                            |                                             |                |
| _                | r contingent and unliquidate                                        | ed claims of e    | every nature, includin     | g counterclaims of the debtor and rights to | set off claims |
| ■ No             | s. Describe each claim                                              |                   |                            |                                             |                |
| □ re:            | s. Describe each daim                                               |                   |                            |                                             |                |
| -                | financial assets you did not                                        | already list      |                            |                                             |                |
| ■ No             |                                                                     |                   |                            |                                             |                |
| ⊔ Ye:            | s. Give specific information                                        |                   |                            |                                             |                |
|                  |                                                                     |                   |                            | ny entries for pages you have attached      | \$2,800.00     |
|                  |                                                                     |                   |                            |                                             |                |
| Part 5:          | Describe Any Business-Related                                       | Property You C    | Own or Have an Interest    | In. List any real estate in Part 1.         |                |
| 37. <b>Do yo</b> | u own or have any legal or equi                                     | table interest ir | n any business-related p   | roperty?                                    |                |
| ■ No.            | Go to Part 6.                                                       |                   |                            |                                             |                |
| ☐ Yes.           | Go to line 38.                                                      |                   |                            |                                             |                |
|                  |                                                                     |                   |                            |                                             |                |
|                  | Describe Any Farm- and Comme<br>f you own or have an interest in fa |                   |                            | n or Have an Interest In.                   |                |
| 46. <b>Do y</b>  | ou own or have any legal or                                         | equitable int     | erest in any farm- or o    | commercial fishing-related property?        |                |
| ■ N              | o. Go to Part 7.                                                    |                   |                            |                                             |                |
| □ Y              | es. Go to line 47.                                                  |                   |                            |                                             |                |
|                  |                                                                     |                   |                            |                                             |                |
| Part 7:          | Describe All Property You                                           | Own or Have an    | Interest in That You Did   | Not List Above                              |                |
|                  | ou have other property of an amples: Season tickets, country        |                   |                            |                                             |                |
| ☐ Ye             | s. Give specific information                                        |                   |                            |                                             |                |
|                  |                                                                     |                   |                            |                                             |                |
| 54. <b>Add</b>   | d the dollar value of all of yo                                     | our entries fro   | m Part 7. Write that n     | umber here                                  | \$0.00         |
| Part 8:          | List the Totals of Each Part of                                     | of this Form      |                            |                                             |                |
| 55. <b>Par</b>   | t 1: Total real estate. line 2                                      |                   |                            |                                             | \$0.00         |
|                  | t 2: Total vehicles, line 5                                         |                   |                            | \$0.00                                      |                |
|                  | t 3: Total personal and hous                                        | sehold items.     | line 15                    | \$1,300.00                                  |                |
|                  | t 4: Total financial assets, li                                     |                   |                            | \$2,800.00                                  |                |
| 59. <b>Par</b>   | t 5: Total business-related p                                       | property, line    | 45                         | \$0.00                                      |                |
| 00 -             | . O. T. ( - 1 ( 1 ( ) - 1 ( )                                       |                   |                            | Φ0.00                                       |                |

5 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$4,100.00 Copy personal property total \$4,100.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$4,100.00

Official Form 106A/B Schedule A/B: Property page 5

|            |                                      |                                               | Document                             |          | Page 15 of 48                                                                    |              |                                    |
|------------|--------------------------------------|-----------------------------------------------|--------------------------------------|----------|----------------------------------------------------------------------------------|--------------|------------------------------------|
| Fil        | l in this informa                    | ation to identify your ca                     | se:                                  |          |                                                                                  |              |                                    |
| De         | ebtor 1                              | Michael A Quinn                               |                                      |          |                                                                                  |              |                                    |
|            |                                      | First Name                                    | Middle Name                          | L        | ast Name                                                                         |              |                                    |
|            | ebtor 2<br>ouse if, filing)          | First Name                                    | Middle Name                          | L        | ast Name                                                                         |              |                                    |
| l In       | sited States Bank                    | kruptov Court for the                         | NORTHERN DISTRICT OF I               | 1 1 1817 | OIS                                                                              |              |                                    |
| Un         | illed States Baril                   | kruptcy Court for the:                        | NORTHERN DISTRICT OF I               | LLIIN    | 013                                                                              |              |                                    |
| -          | se number                            |                                               |                                      |          |                                                                                  | _            | 01 1 1 1 1 1 1                     |
| (II K      | (nown)                               |                                               |                                      |          |                                                                                  | ⊔            | Check if this is an amended filing |
|            |                                      |                                               |                                      |          |                                                                                  | _            | amondod ming                       |
| <u>)</u> 1 | fficial For                          | <u>m 106C</u>                                 |                                      |          |                                                                                  |              |                                    |
| 50         | chedule                              | C: The Pro                                    | perty You Cla                        | im       | as Exempt                                                                        |              | 4/16                               |
|            |                                      |                                               |                                      |          |                                                                                  |              |                                    |
|            |                                      |                                               |                                      |          | ther, both are equally responsible for<br>our source, list the property that you |              |                                    |
| ee         | eded, fill out and                   | attach to this page as ma                     |                                      |          | age as necessary. On the top of any                                              |              |                                    |
| as         | e number (if kno                     | own).                                         |                                      |          |                                                                                  |              |                                    |
|            |                                      |                                               |                                      |          | ount of the exemption you claim.                                                 |              |                                    |
|            |                                      |                                               |                                      |          | ir market value of the property be<br>th aids, rights to receive certain b       |              |                                    |
|            |                                      |                                               |                                      |          | nption of 100% of fair market valu                                               |              |                                    |
|            |                                      | rticular dollar amount a<br>statutory amount. | nd the value of the propert          | y is o   | letermined to exceed that amoun                                                  | t, your exer | nption would be limited            |
| Pa         | rt 1: Identify                       | the Property You Claim                        | as Exempt                            |          |                                                                                  |              |                                    |
|            |                                      |                                               | ming? Check one only, ever           | if vo    | our engues is filing with you                                                    |              |                                    |
| ١.         | _                                    |                                               |                                      |          | , ,                                                                              |              |                                    |
|            | You are clai                         | ming state and federal no                     | nbankruptcy exemptions. 1            | 1 U.S    | S.C. § 522(b)(3)                                                                 |              |                                    |
|            | ☐ You are clai                       | ming federal exemptions.                      | 11 U.S.C. § 522(b)(2)                |          |                                                                                  |              |                                    |
| 2.         | For any prope                        | erty you list on Schedule                     | e A/B that you claim as exe          | mpt,     | fill in the information below.                                                   |              |                                    |
|            |                                      | n of the property and line o                  |                                      | Amo      | ount of the exemption you claim                                                  | Specific la  | ws that allow exemption            |
|            | Scheaule A/B tr                      | nat lists this property                       | portion you own  Copy the value from | Cho      | eck only one box for each exemption.                                             |              |                                    |
|            |                                      |                                               | Schedule A/B                         | One      | eck only one box for each exemption.                                             |              |                                    |
|            |                                      | Set, Television, Bicycl                       | e, \$1,100.00                        |          | \$1,100.00                                                                       | 735 ILC      | 5 5/12-1001(b)                     |
|            | Bench, Stero<br>Line from Sche       | System, Table, Desk                           |                                      |          | 100% of fair market value, up to                                                 |              |                                    |
|            | Line nom Sche                        | edule A/D. O. I                               |                                      |          | any applicable statutory limit                                                   |              |                                    |
|            |                                      |                                               |                                      |          |                                                                                  |              | / / .                              |
|            | Normal weari                         | •                                             | \$200.00                             |          | \$200.00                                                                         | 735 ILCS     | S 5/12-1001(a)                     |
|            | Line nom sche                        | addie AVD. 11.1                               |                                      |          | 100% of fair market value, up to                                                 |              |                                    |
|            |                                      |                                               |                                      |          | any applicable statutory limit                                                   |              |                                    |
|            | Cash located                         | in the North Shore                            |                                      |          | 4                                                                                | 735 II C     | S 5/12-1001(b)                     |
|            |                                      | Bank, 2300 W. Lawrend                         | se \$2,800.00                        |          | \$2,800.00                                                                       | 733 1200     | 3 3/12-1001(b)                     |
|            |                                      | , IL 60625. Account #                         |                                      |          | 100% of fair market value, up to                                                 |              |                                    |
|            | 3800273793.<br>Line from <i>Sche</i> |                                               |                                      |          | any applicable statutory limit                                                   |              |                                    |
|            |                                      |                                               |                                      |          |                                                                                  |              |                                    |
| 3.         | Are you claim                        | ing a homestead exemp                         | otion of more than \$160,375         | 5?       |                                                                                  |              |                                    |
|            | (Subject to adj                      |                                               |                                      |          | led on or after the date of adjustme                                             | nt.)         |                                    |
|            | ■ No                                 |                                               |                                      |          |                                                                                  |              |                                    |
|            | ′                                    | you acquire the property of                   | covered by the exemption wit         | hin 1    | ,215 days before you filed this case                                             | ?            |                                    |
|            | ☐ No                                 |                                               |                                      |          |                                                                                  |              |                                    |

Yes

| Fill in this information to identify your case: |                            |                   |             |  |  |  |
|-------------------------------------------------|----------------------------|-------------------|-------------|--|--|--|
| Debtor 1                                        | Michael A Quinn First Name | Middle Name       | Last Name   |  |  |  |
| Debtor 2                                        |                            |                   |             |  |  |  |
| (Spouse if, filing)                             | First Name                 | Middle Name       | Last Name   |  |  |  |
| United States B                                 | ankruptcy Court for the:   | NORTHERN DISTRICT | OF ILLINOIS |  |  |  |
| Case number                                     |                            |                   |             |  |  |  |
| (if known)                                      |                            |                   |             |  |  |  |

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                                                             |                                                                                                         | Document                                                                                                                                                                            | Page 17 of 48                                                                                         |                                                                                             |                                                                           |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Fill in this                                                | information to identify your                                                                            | case:                                                                                                                                                                               |                                                                                                       |                                                                                             |                                                                           |
| Debtor 1                                                    | Michael A Quinn                                                                                         |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
|                                                             | First Name                                                                                              | Middle Name                                                                                                                                                                         | Last Name                                                                                             |                                                                                             |                                                                           |
| Debtor 2<br>(Spouse if, filing                              | ng) First Name                                                                                          | Middle Name                                                                                                                                                                         | Last Name                                                                                             |                                                                                             |                                                                           |
|                                                             | 3,                                                                                                      |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
| United Sta                                                  | ites Bankruptcy Court for the:                                                                          | NORTHERN DISTRICT OF IL                                                                                                                                                             | LINOIS                                                                                                |                                                                                             |                                                                           |
| Case num<br>(if known)                                      | ber                                                                                                     |                                                                                                                                                                                     |                                                                                                       |                                                                                             | heck if this is an                                                        |
|                                                             |                                                                                                         |                                                                                                                                                                                     |                                                                                                       | a                                                                                           | mended filing                                                             |
| Official                                                    | Form 106E/F                                                                                             |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
|                                                             |                                                                                                         | ho Have Unsecured                                                                                                                                                                   | Claims                                                                                                |                                                                                             | 12/15                                                                     |
| any executo<br>Schedule G:<br>Schedule D:<br>left. Attach t | ory contracts or unexpired leases<br>: Executory Contracts and Unexp<br>: Creditors Who Have Claims Sec | e Part 1 for creditors with PRIORIT that could result in a claim. Also I ired Leases (Official Form 106G). I ured by Property. If more space is e. If you have no information to re | list executory contracts on Sch<br>Do not include any creditors wit<br>needed, copy the Part you need | edule A/B: Property (Offici<br>th partially secured claims<br>d, fill it out, number the en | al Form 106A/B) and on<br>that are listed in<br>tries in the boxes on the |
|                                                             | List All of Your PRIORITY Un                                                                            |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
| _ `                                                         | creditors have priority unsecure                                                                        | d claims against you?                                                                                                                                                               |                                                                                                       |                                                                                             |                                                                           |
| _                                                           | Go to Part 2.                                                                                           |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
| ☐ Yes                                                       |                                                                                                         |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
| <u> </u>                                                    | List All of Your NONPRIORIT                                                                             |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
|                                                             | creditors have nonpriority unsec                                                                        |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
| ⊔ No.                                                       | You have nothing to report in this p                                                                    | art. Submit this form to the court with                                                                                                                                             | your other schedules.                                                                                 |                                                                                             |                                                                           |
| Yes                                                         |                                                                                                         |                                                                                                                                                                                     |                                                                                                       |                                                                                             |                                                                           |
| unsecu                                                      | red claim, list the creditor separately                                                                 | aims in the alphabetical order of the for each claim. For each claim listed st the other creditors in Part 3.lf you                                                                 | d, identify what type of claim it is. I                                                               | Do not list claims already inc                                                              | luded in Part 1. If more                                                  |
|                                                             |                                                                                                         |                                                                                                                                                                                     |                                                                                                       |                                                                                             | Total claim                                                               |
|                                                             | t & T                                                                                                   | Last 4 digits of acc                                                                                                                                                                | count number 2127                                                                                     | _                                                                                           | \$1,887.27                                                                |
|                                                             | onpriority Creditor's Name O Box 6463                                                                   | When was the deb                                                                                                                                                                    | t incurred?                                                                                           |                                                                                             |                                                                           |
|                                                             | arol Stream, IL 60197                                                                                   | THIS WAS IN ASS.                                                                                                                                                                    |                                                                                                       |                                                                                             |                                                                           |
|                                                             | umber Street City State Zlp Code                                                                        | As of the date you                                                                                                                                                                  | file, the claim is: Check all that a                                                                  | apply                                                                                       |                                                                           |
| _                                                           | ho incurred the debt? Check one.                                                                        | _                                                                                                                                                                                   |                                                                                                       |                                                                                             |                                                                           |
|                                                             | Debtor 1 only                                                                                           | ☐ Contingent                                                                                                                                                                        |                                                                                                       |                                                                                             |                                                                           |
|                                                             | Debtor 2 only                                                                                           | Unliquidated                                                                                                                                                                        |                                                                                                       |                                                                                             |                                                                           |
|                                                             | Debtor 1 and Debtor 2 only                                                                              | ☐ Disputed                                                                                                                                                                          | NTVaaaad alaim.                                                                                       |                                                                                             |                                                                           |
|                                                             | At least one of the debtors and and                                                                     |                                                                                                                                                                                     | RITY unsecured claim:                                                                                 |                                                                                             |                                                                           |
| ∐<br>de                                                     | Check if this claim is for a comr                                                                       | iluliity                                                                                                                                                                            | ng out of a separation agreement                                                                      | or divorce that you did not                                                                 |                                                                           |
|                                                             | the claim subject to offset?                                                                            | report as priority clai                                                                                                                                                             |                                                                                                       | or arronde mat you did flot                                                                 |                                                                           |
|                                                             | No                                                                                                      | ☐ Debts to pension                                                                                                                                                                  | or profit-sharing plans, and other                                                                    | r similar debts                                                                             |                                                                           |
|                                                             | Yes                                                                                                     | Other. Specify                                                                                                                                                                      |                                                                                                       |                                                                                             |                                                                           |

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| Debte | or 1 Michael A Quinn                                                                     | Case number (if know)                                                                                     |             |
|-------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------|
| 4.2   | Bank of America                                                                          | Last 4 digits of account number 6853                                                                      | \$3,816.03  |
|       | Nonpriority Creditor's Name P. O. Box 19886                                              | When was the debt incurred?                                                                               |             |
|       | Wilmington, DE 19886 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |             |
|       | ■ Debtor 1 only                                                                          | ☐ Contingent                                                                                              |             |
|       | Debtor 2 only                                                                            | ☐ Unliquidated                                                                                            |             |
|       | ☐ Debtor 1 and Debtor 2 only                                                             | □ Disputed                                                                                                |             |
|       | ☐ At least one of the debtors and another                                                | Type of NONPRIORITY unsecured claim:                                                                      |             |
|       | ☐ Check if this claim is for a community                                                 | ☐ Student loans                                                                                           |             |
|       | debt Is the claim subject to offset?                                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|       | ■ No                                                                                     | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|       | Yes                                                                                      | ■ Other. Specify Credit Card                                                                              |             |
| 4.3   | Bk Of Amer Nonpriority Creditor's Name                                                   | Last 4 digits of account number 6853                                                                      | \$3,816.00  |
|       | Po Box 982238<br>El Paso, TX 79998                                                       | Opened 09/05 Last Active 8/27/16                                                                          |             |
|       | Number Street City State Zlp Code                                                        | As of the date you file, the claim is: Check all that apply                                               |             |
|       | Who incurred the debt? Check one.                                                        |                                                                                                           |             |
|       | ■ Debtor 1 only                                                                          | ☐ Contingent                                                                                              |             |
|       | Debtor 2 only                                                                            | □ Unliquidated                                                                                            |             |
|       | ☐ Debtor 1 and Debtor 2 only                                                             | ☐ Disputed                                                                                                |             |
|       | ☐ At least one of the debtors and another                                                | Type of NONPRIORITY unsecured claim:                                                                      |             |
|       | ☐ Check if this claim is for a community                                                 | ☐ Student loans                                                                                           |             |
|       | debt Is the claim subject to offset?                                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|       | No                                                                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|       | Yes                                                                                      | ■ Other. Specify Credit Card                                                                              |             |
| 4.4   | Capital One                                                                              | Last 4 digits of account number 3792                                                                      | \$11,250.52 |
|       | Nonpriority Creditor's Name PO Box 6103 Carol Stream, IL 60197-6103                      | When was the debt incurred?                                                                               |             |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.                     | As of the date you file, the claim is: Check all that apply                                               |             |
|       | ■ Debtor 1 only                                                                          | ☐ Contingent                                                                                              |             |
|       | Debtor 2 only                                                                            | ☐ Unliquidated                                                                                            |             |
|       | ☐ Debtor 1 and Debtor 2 only                                                             | ☐ Disputed                                                                                                |             |
|       | ☐ At least one of the debtors and another                                                | Type of NONPRIORITY unsecured claim:                                                                      |             |
|       | ☐ Check if this claim is for a community                                                 | ☐ Student loans                                                                                           |             |
|       | debt Is the claim subject to offset?                                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|       | No                                                                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|       | ∏ Yes                                                                                    | Other Specific Auto Loan, Vehicle repossession                                                            |             |

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| Debic | Michael A Quinn                                                      |                                                              | Case number (if know)                         |                                       |
|-------|----------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| 4.5   | Chase Nonpriority Creditor's Name                                    | Last 4 digits of account number                              | 5768                                          | \$1,974.39                            |
|       | PO Box 15548                                                         | When was the debt incurred?                                  |                                               |                                       |
|       | Wilmington, DE 19886-5548                                            |                                                              |                                               |                                       |
|       | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                      |                                       |
|       | Who incurred the debt? Check one.                                    |                                                              |                                               |                                       |
|       | Debtor 1 only                                                        | ☐ Contingent                                                 |                                               |                                       |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                               |                                               |                                       |
|       | Debtor 1 and Debtor 2 only                                           | ☐ Disputed                                                   |                                               |                                       |
|       | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |                                       |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans                                              |                                               |                                       |
|       | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not  |                                       |
|       | ■ No                                                                 | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                                       |
|       | ☐ Yes                                                                | ■ Other. Specify Credit Card                                 |                                               |                                       |
| 4.6   | Chase Bank                                                           | Last 4 digits of account number                              | 4454                                          | \$274.70                              |
|       | Nonpriority Creditor's Name P.O Box 182223                           | When was the debt incurred?                                  |                                               | •                                     |
|       | Columbus, OH 43218                                                   |                                                              |                                               |                                       |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                       |                                       |
|       | Debtor 1 only                                                        | ☐ Contingent                                                 |                                               |                                       |
|       | Debtor 2 only                                                        |                                                              |                                               |                                       |
|       | ′                                                                    | ☐ Unliquidated                                               |                                               |                                       |
|       | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed  Type of NONPRIORITY unsecure                     | d claim:                                      |                                       |
|       | At least one of the debtors and another                              | Student loans                                                | d Claim.                                      |                                       |
|       | ☐ Check if this claim is for a community debt                        |                                                              | ration agreement or divorce that you did not  |                                       |
|       | Is the claim subject to offset?                                      | report as priority claims                                    | tration agreement or divorce that you did not |                                       |
|       | ■ No                                                                 | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                                       |
|       | ☐ Yes                                                                | ■ Other. Specify Bank Accou                                  | nt                                            |                                       |
| 4.7   | Chase Card                                                           | Last 4 digits of account number                              | 5134                                          | \$0.00                                |
|       | Nonpriority Creditor's Name                                          | _                                                            |                                               | · · · · · · · · · · · · · · · · · · · |
|       | Attn: Correspondence Dept                                            |                                                              | Opened 02/08 Last Active                      |                                       |
|       | Po Box 15298<br>Wilmington, DE 19850                                 | When was the debt incurred?                                  | 6/23/09                                       |                                       |
|       | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                      |                                       |
|       | Who incurred the debt? Check one.                                    | •                                                            | ,                                             |                                       |
|       | ■ Debtor 1 only                                                      | ☐ Contingent                                                 |                                               |                                       |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                               |                                               |                                       |
|       | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                   |                                               |                                       |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |                                       |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans                                              |                                               |                                       |
|       | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                                       |
|       | ■ No                                                                 | Debts to pension or profit-sharing                           | g plans, and other similar debts              |                                       |
|       | Yes                                                                  | ■ Other. Specify Credit Card                                 |                                               |                                       |
|       |                                                                      |                                                              |                                               |                                       |

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| Debi     | or 1 Michael A Quinn                                                 | Case number (if know)                                                                                                    |            |
|----------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|
| 4.8      | City of Chicago  Nonpriority Creditor's Name                         | Last 4 digits of account number 7593                                                                                     | \$488.00   |
|          | 121 North LaSalle Street<br>Chicago, IL 60602                        | When was the debt incurred?                                                                                              |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                                              |            |
|          | ■ Debtor 1 only                                                      | ☐ Contingent                                                                                                             |            |
|          | Debtor 2 only                                                        | ☐ Unliquidated                                                                                                           |            |
|          | Debtor 1 and Debtor 2 only                                           | ☐ Disputed                                                                                                               |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                                     |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                                          |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |            |
|          | ■ No                                                                 | ☐ Debts to pension or profit-sharing plans, and other similar debts                                                      |            |
|          | ☐ Yes                                                                | ■ Other. Specify Violation                                                                                               |            |
| 4.9      | Cook County Health and Heanitale                                     | Look 4 digits of account number 6226                                                                                     | ¢4 424 00  |
| 4.9      | Cook County Health and Hospitals  Nonpriority Creditor's Name        | Last 4 digits of account number 6226                                                                                     | \$1,421.00 |
|          | 15900 S. Cicero Ave. Bldg B<br>Oak Forest, IL 60452                  | When was the debt incurred?                                                                                              |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                                              |            |
|          | Debtor 1 only                                                        | ☐ Contingent                                                                                                             |            |
|          | Debtor 2 only                                                        | ☐ Unliquidated                                                                                                           |            |
|          | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                                                                               |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                                     |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                                          |            |
|          | debt Is the claim subject to offset?                                 | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No                                                                 | ☐ Debts to pension or profit-sharing plans, and other similar debts                                                      |            |
|          | Yes                                                                  | Medical Bill  Other. Specify Phone # 866-223-2817                                                                        |            |
| 4.1<br>0 | Diversified Consultant                                               | Last 4 digits of account number 1667                                                                                     | \$1,887.00 |
|          | Nonpriority Creditor's Name                                          |                                                                                                                          |            |
|          | Dci<br>Po Box 551268                                                 | When was the debt incurred? Opened 04/17                                                                                 |            |
|          | Jacksonville, FL 32255  Number Street City State Zlp Code            | As of the date you file, the claim is: Check all that apply                                                              |            |
|          | Who incurred the debt? Check one.                                    | As of the date you me, the diamnis. Oneon an that apply                                                                  |            |
|          | ■ Debtor 1 only                                                      | ☐ Contingent                                                                                                             |            |
|          | Debtor 2 only                                                        | ☐ Unliquidated                                                                                                           |            |
|          | Debtor 1 and Debtor 2 only                                           | ☐ Disputed                                                                                                               |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                                     |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                                          |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |            |
|          | ■ No                                                                 | ☐ Debts to pension or profit-sharing plans, and other similar debts                                                      |            |
|          | □Yes                                                                 | ■ Other. Specify Collection Attorney Att Mobility                                                                        |            |
|          |                                                                      |                                                                                                                          |            |

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Debtor 1 Michael A Quinn Case number (if know) 4.1 **Edward Health Ventures** 9888 \$2,891.00 Last 4 digits of account number Nonpriority Creditor's Name 26185 Network Place When was the debt incurred? Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Medical Bill ☐ Yes Other. Specify Phone # 630-432-6144 4.1 \$177.00 Joseph Mann & Creed 6753 Last 4 digits of account number Nonpriority Creditor's Name 8948 Canyon Falls Blvd S When was the debt incurred? Opened 04/17 Twinsburg, OH 44087 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Client Rcn Telecom ☐ Yes Other. Specify Services L 4.1 Laboratory & Pathology Diagnostics 4951 \$101.50 Last 4 digits of account number Nonpriority Creditor's Name Department 43487 When was the debt incurred? Carol Stream, IL 60122-4387 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts Medical Bill ☐ Yes Other. Specify Phone # 877-556-3955

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Case 17-26568 Desc Main Document Page 22 of 48 Case number (if know) Debtor 1 Michael A Quinn 4.1 Peoples Gas 7505 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 8/06/07 Last Active 200 E Randolph When was the debt incurred? 11/26/08 Chicago, IL 60601 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Agriculture 4.1 RCN Telecom Services, LLC 3001 \$176.56 Last 4 digits of account number 5 Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Cable Bill Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Arnold Scott Harris, PC Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 West Jackson Blvd. Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60604 Last 4 digits of account number 6897 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? ARS National Services Inc. Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 463023 ■ Part 2: Creditors with Nonpriority Unsecured Claims Escondido, CA 92046 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capitan Management Services LP Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 698 1/2 S. Ogden St. ■ Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address Credence 17000 Dallas Parkway, Suite 204

Buffalo, NY 14206-2317

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

1569

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

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| Debtor 1 Michael A Quinn                              |                                      | Case number (if know)                               |
|-------------------------------------------------------|--------------------------------------|-----------------------------------------------------|
| Dallas, TX 75248                                      | Last 4 digits of account number      | 4178                                                |
| Name and Address                                      | On which entry in Part 1 or Part 2 d | id you list the original creditor?                  |
| Joseph Mann & Creed                                   | Line 4.15 of (Check one):            | ☐ Part 1: Creditors with Priority Unsecured Claims  |
| 8948 Canyon Falls Blv. Ste 200<br>Twinsburg, OH 44087 |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| · ······ozarg, err · reer                             | Last 4 digits of account number      | 3001                                                |
| Name and Address                                      | On which entry in Part 1 or Part 2 d | id you list the original creditor?                  |
| Northwest Group                                       | Line 4.4 of (Check one):             | ☐ Part 1: Creditors with Priority Unsecured Claims  |
| PO Box 390846<br>Minneapolis, MN 55439                |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| •                                                     | Last 4 digits of account number      | 1875                                                |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |                                                                                                         |     | Total Claim     |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|-----------------|
|              | 6a. | Domestic support obligations                                                                            | 6a. | \$<br>0.00      |
| Total claims |     |                                                                                                         |     | <br>            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$<br>0.00      |
|              | 01  | On the Advance                                                                                          | 01  | Total Claim     |
| <b>T.</b>    | 6f. | Student loans                                                                                           | 6f. | \$<br>0.00      |
| Total claims |     |                                                                                                         |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>30,160.97 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$<br>30,160.97 |

|                     |                            | 12(12)            | $10  1000.7 \pm 000 \pm 00$ |  |
|---------------------|----------------------------|-------------------|-----------------------------|--|
| Fill in this infor  | mation to identify your    | case:             |                             |  |
| Debtor 1            | Michael A Quinn First Name | Middle Name       | Last Name                   |  |
| Debtor 2            |                            |                   |                             |  |
| (Spouse if, filing) | First Name                 | Middle Name       | Last Name                   |  |
| United States Ba    | ankruptcy Court for the:   | NORTHERN DISTRICT | OF ILLINOIS                 |  |
| Case number         |                            |                   |                             |  |
| (if known)          |                            |                   |                             |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                      |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul><li>2.1 Wirtz Realty Corps.</li><li>680 North Lakeshore Dr. 19th FL</li><li>Chicago, IL 60611</li></ul>  | Residential Lease or 2619 West Gunnison, Apt 3E, Chicago, IL |

|                           |                                                                    | Documer                                                  | <u>nt Page 25 of 48</u>                                             |                                                                                                                                                |
|---------------------------|--------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Fill in th                | s information to identify you                                      | case:                                                    |                                                                     |                                                                                                                                                |
| Debtor 1                  | Michael A Quinn                                                    |                                                          |                                                                     |                                                                                                                                                |
|                           | First Name                                                         | Middle Name                                              | Last Name                                                           |                                                                                                                                                |
| Debtor 2<br>(Spouse if, t | iling) First Name                                                  | Middle Name                                              | Last Name                                                           |                                                                                                                                                |
| United S                  | tates Bankruptcy Court for the:                                    | NORTHERN DISTRICT                                        | OF ILLINOIS                                                         |                                                                                                                                                |
| Case nui                  | mber                                                               |                                                          |                                                                     |                                                                                                                                                |
| (if known)                |                                                                    |                                                          |                                                                     | ☐ Check if this is an amended filing                                                                                                           |
| Officia                   | al Form 106H                                                       |                                                          |                                                                     |                                                                                                                                                |
|                           | dule H: Your Cod                                                   | lebtors                                                  |                                                                     | 12/15                                                                                                                                          |
|                           |                                                                    |                                                          |                                                                     |                                                                                                                                                |
| ill it out,<br>our nam    | and number the entries in the eand case number (if known           | e boxes on the left. Attach<br>). Answer every question. |                                                                     | e space is needed, copy the Additional Page,<br>e. On the top of any Additional Pages, write<br>otor.                                          |
| □ N                       | )                                                                  |                                                          |                                                                     |                                                                                                                                                |
| ■ Ye                      | es                                                                 |                                                          |                                                                     |                                                                                                                                                |
|                           |                                                                    |                                                          | perty state or territory? (Comm<br>rto Rico, Texas, Washington, and | unity property states and territories include Wisconsin.)                                                                                      |
| ■ N                       | o. Go to line 3.                                                   |                                                          |                                                                     |                                                                                                                                                |
| ☐ Ye                      | es. Did your spouse, former spo                                    | ouse, or legal equivalent live                           | with you at the time?                                               |                                                                                                                                                |
| in lir<br>Forn            | ie 2 again as a codebtor only                                      | if that person is a guarante                             | or or cosigner. Make sure you h                                     | ouse is filing with you. List the person shown ave listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to fill |
|                           | Column 1: Your codebtor<br>Name, Number, Street, City, State and 2 | ZIP Code                                                 |                                                                     | nn 2: <b>The creditor to whom you owe the debt</b> call schedules that apply:                                                                  |
| 3.1                       | Paul Ripp<br>4202 N. Winchester Ave.<br>Chicago, IL 60613          |                                                          | □ Sc<br>■ Sc                                                        | hedule D, line<br>hedule E/F, line<br>hedule G2.1<br>Realty Corps.                                                                             |

Schedule H: Your Codebtors

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|      |                                                                                                                        |                            |                                                     |              |      | _                     |                    |                                |          |
|------|------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------|--------------|------|-----------------------|--------------------|--------------------------------|----------|
| Fill | in this information to identify your ca                                                                                | ase:                       |                                                     |              |      |                       |                    |                                |          |
| Deb  | otor 1 Michael A Qu                                                                                                    | uinn                       |                                                     |              | _    |                       |                    |                                |          |
|      | otor 2<br>buse, if filing)                                                                                             |                            |                                                     |              | _    |                       |                    |                                |          |
| Uni  | ted States Bankruptcy Court for the                                                                                    | : NORTHERN DISTRIC         | CT OF ILLINOIS                                      |              |      |                       |                    |                                |          |
|      | se number<br>nown)                                                                                                     |                            | -                                                   |              |      | Check if this         |                    |                                |          |
|      |                                                                                                                        |                            |                                                     |              |      |                       |                    | ng postpetition ollowing date: |          |
| 0    | fficial Form 106l                                                                                                      |                            |                                                     |              |      | MM / DD/              | YYYY               |                                |          |
| S    | chedule I: Your Inc                                                                                                    | ome                        |                                                     |              |      |                       |                    |                                | 12/15    |
| atta | use. If you are separated and you ch a separate sheet to this form.  t 1: Describe Employment  Fill in your employment |                            |                                                     |              |      |                       |                    |                                |          |
| 1.   | information.                                                                                                           |                            | Debtor 1                                            |              |      | Debto                 | 2 or non-f         | iling spouse                   |          |
|      | If you have more than one job, attach a separate page with information about additional                                | Employment status          | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |              |      | □ Em<br>□ Not         | oloyed<br>employed |                                |          |
|      | employers.                                                                                                             | Occupation                 | Helper at Doggi                                     | e Dayca      | re   |                       |                    |                                |          |
|      | Include part-time, seasonal, or self-employed work.                                                                    | Employer's name            | Playful Pets                                        |              |      |                       |                    |                                |          |
|      | Occupation may include student or homemaker, if it applies.                                                            | Employer's address         | 3609 N. Ravens<br>Chicago, IL 606                   |              | ∕e.  |                       |                    |                                |          |
|      |                                                                                                                        | How long employed t        | here? 6 mont                                        | ths          |      |                       |                    |                                |          |
| Par  | Give Details About Mor                                                                                                 | nthly Income               |                                                     |              |      |                       |                    |                                |          |
|      | mate monthly income as of the dause unless you are separated.                                                          | ate you file this form. If | you have nothing to                                 | report for   | any  | line, write \$0 in th | ne space. In       | clude your noi                 | n-filing |
|      | u or your non-filing spouse have mo<br>e space, attach a separate sheet to                                             |                            | ombine the information                              | on for all e | empl | oyers for that per    | son on the l       | ines below. If                 | you need |
|      |                                                                                                                        |                            |                                                     |              |      | For Debtor 1          |                    | btor 2 or<br>ing spouse        |          |
| 2.   | List monthly gross wages, sala deductions). If not paid monthly,                                                       |                            |                                                     | 2.           | \$   | 945.00                | \$                 | N/A                            |          |
| 3.   | Estimate and list monthly overt                                                                                        | ime pay.                   |                                                     | 3.           | +\$  | 0.00                  | +\$                | N/A                            |          |
| 4.   | Calculate gross Income. Add lir                                                                                        | ne 2 + line 3.             |                                                     | 4.           | \$   | 945.00                | \$                 | N/A                            |          |

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| Deb | tor 1         | Michael A Quinn                                                                                                                                                                                                                                                                 | -          | Case       | number (if known) |            |                         |                 |        |
|-----|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------------|------------|-------------------------|-----------------|--------|
|     |               |                                                                                                                                                                                                                                                                                 |            | For        | Debtor 1          |            | Debtor                  |                 |        |
|     | Cop           | y line 4 here                                                                                                                                                                                                                                                                   | 4.         | \$         | 945.00            | \$         |                         | N/A             |        |
| 5.  | List          | all payroll deductions:                                                                                                                                                                                                                                                         |            |            |                   |            |                         |                 |        |
|     | 5a.           | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                   | 5a.        | \$         | 200.00            | \$         |                         | N/A             |        |
|     | 5b.           | Mandatory contributions for retirement plans                                                                                                                                                                                                                                    | 5b.        | \$         | 0.00              | \$         |                         | N/A             |        |
|     | 5c.           | Voluntary contributions for retirement plans                                                                                                                                                                                                                                    | 5c.        | \$         | 0.00              | \$         |                         | N/A             |        |
|     | 5d.           | Required repayments of retirement fund loans                                                                                                                                                                                                                                    | 5d.        | \$         | 0.00              | \$_        |                         | N/A             |        |
|     | 5e.           | Insurance                                                                                                                                                                                                                                                                       | 5e.        | \$         | 0.00              | \$         |                         | N/A             |        |
|     | 5f.           | Domestic support obligations                                                                                                                                                                                                                                                    | 5f.        | \$         | 0.00              | \$         |                         | N/A             |        |
|     | 5g.           | Union dues                                                                                                                                                                                                                                                                      | 5g.        | \$         | 0.00              | \$         |                         | N/A             |        |
|     | 5h.           | Other deductions. Specify:                                                                                                                                                                                                                                                      | 5h.+       | - \$       | 0.00              | + \$ _     |                         | N/A             |        |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                      | 6.         | \$_        | 200.00            | \$         |                         | N/A             |        |
| 7.  | Cald          | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                | 7.         | \$_        | 745.00            | \$_        |                         | N/A             |        |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | \$         | 0.00              | \$         |                         | N/A             |        |
|     | 8b.           | Interest and dividends                                                                                                                                                                                                                                                          | 8b.        | \$_        | 0.00              | \$_        |                         | N/A             |        |
|     | 8c.<br>8d.    | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation                                                   | 8c.<br>8d. | \$_<br>\$  | 0.00              | \$_<br>\$  |                         | N/A<br>N/A      |        |
|     | ou.<br>8e.    | Social Security                                                                                                                                                                                                                                                                 | 8e.        | \$<br>     | 0.00              | \$<br>     |                         | N/A<br>N/A      |        |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          |            | \$_<br>\$_ | 0.00              | \$_<br>\$_ |                         | N/A             |        |
|     | 8g.           | Pension or retirement income                                                                                                                                                                                                                                                    | 8g.        | \$_        | 0.00              | \$         |                         | N/A             |        |
|     | 8h.           | Other monthly income. Specify:                                                                                                                                                                                                                                                  | 8h.+       | - \$_      | 0.00              | + \$       |                         | N/A             |        |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                            | 9.         | \$         | 0.00              | \$_        |                         | N/A             |        |
| 10. | Cald          | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                     | 10. \$     |            | 745.00 + \$       |            | N/A                     | = \$            | 745.00 |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                          | Ľ          |            |                   |            |                         |                 |        |
| 11. | Inclu<br>othe | the all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:        | depen      |            | . ,               | •          | S <i>chedule</i><br>11. |                 | 0.00   |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies                                                                                                                       |            |            | •                 |            | 12.                     | \$              | 745.00 |
| 12  | Dos           | you expect an increase or decrease within the year after you file this form                                                                                                                                                                                                     | ?          |            |                   |            | '                       | Combine monthly |        |
|     |               | No.  Yes Explain:                                                                                                                                                                                                                                                               | -          |            |                   |            |                         |                 |        |

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|              | to the factor of the state of the commence                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|-------------------------------|
| FIII II      | n this information to identify your case:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
| Debte        | Michael A Quinn                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | k if this is:                         |                               |
| Debte        | tor 2                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | An amended filing  A supplement show  | ving postpetition chapter     |
| (Spo         | buse, if filing)                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 13 expenses as of                     |                               |
| Unite        | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILI                                                                                                      | LINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                     | MM / DD / YYYY                        |                               |
| Case         | e number                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
| (If kn       | nown)                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
| Of           | ficial Form 106J                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
| Sc           | chedule J: Your Expenses                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       | 12/15                         |
| Be a         | as complete and accurate as possible. If two married people rmation. If more space is needed, attach another sheet to the hoer (if known). Answer every question. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
| Part<br>1.   | Is this a joint case?                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
| ١.           | _                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
|              | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
|              | <u> </u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
|              | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expen</i>                                                                                                  | ses for Separate House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ehold of Deb          | or 2.                                 |                               |
| 2.           | Do you have dependents? ■ No                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
|              | Do not list Debtor 1 and Debtor 2.    Yes. Fill out this information for each dependent                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | Dependent's age                       | Does dependent live with you? |
|              | Do not state the                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       | □ No                          |
|              | dependents names.                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       | ☐ Yes                         |
|              |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       | □ No                          |
|              |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | <u> </u>                              | ☐ Yes                         |
|              |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       | □ No                          |
|              |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       | ☐ Yes<br>☐ No                 |
|              |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       | ☐ Yes                         |
| 3.           | Do your expenses include ■ No                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | · · · · · · · · · · · · · · · · · · · | □ 162                         |
|              | expenses of people other than yourself and your dependents?                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
| Part<br>Esti | imate your expenses as of your bankruptcy filing date unles                                                                                                       | ss you are using this f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | orm as a su           | pplement in a Cha                     | pter 13 case to report        |
| •            | enses as of a date after the bankruptcy is filed. If this is a solicable date.                                                                                    | upplemental <i>Schedule</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e <i>J</i> , check th | e box at the top o                    | f the form and fill in the    |
| the v        | ude expenses paid for with non-cash government assistant value of such assistance and have included it on Schedule                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Your expe                             | 2000                          |
| (Otti        | icial Form 106l.)                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Tour expe                             | 511363                        |
| 4.           | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.                                                             | e. Include first mortgag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e<br>4. \$            |                                       | 850.00                        |
|              | If not included in line 4:                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                       |                               |
|              | 4a. Real estate taxes                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a. \$                |                                       | 0.00                          |
|              | 4b. Property, homeowner's, or renter's insurance                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. \$                |                                       | 17.00                         |
|              | 4c. Home maintenance, repair, and upkeep expenses                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4c. \$                |                                       | 0.00                          |
| _            | 4d. Homeowner's association or condominium dues                                                                                                                   | Access to the Control of the Control | 4d. \$                |                                       | 0.00                          |
| 5.           | Additional mortgage payments for your residence, such as                                                                                                          | nome equity loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5. \$                 |                                       | 0.00                          |

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| Deb | tor 1 Michael A Quinn                                                                                 | Case num     | ber (if known) |                          |
|-----|-------------------------------------------------------------------------------------------------------|--------------|----------------|--------------------------|
| 6.  | Utilities:                                                                                            |              |                |                          |
| ٥.  | 6a. Electricity, heat, natural gas                                                                    | 6a.          | \$             | 27.00                    |
|     | 6b. Water, sewer, garbage collection                                                                  | 6b.          | · -            | 0.00                     |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                    | 6c.          | ·              | 53.00                    |
|     | 6d. Other. Specify:                                                                                   | 6d.          | ·              | 0.00                     |
| 7.  | Food and housekeeping supplies                                                                        |              | ·              |                          |
|     |                                                                                                       |              | ·              | 415.00                   |
| B.  | Childcare and children's education costs                                                              | 8.           | ·              | 0.00                     |
| 9.  | Clothing, laundry, and dry cleaning                                                                   | 9.           | \$             | 0.00                     |
| 10. | Personal care products and services                                                                   | 10.          | ·              | 60.00                    |
| 11. | Medical and dental expenses                                                                           | 11.          | \$             | 0.00                     |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.                                   | 10           | ¢.             | 0.00                     |
|     | Do not include car payments.                                                                          | 12.          | ·              |                          |
|     | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.          | · ·            | 0.00                     |
|     | Charitable contributions and religious donations                                                      | 14.          | \$             | 0.00                     |
| 15. | Insurance.                                                                                            |              |                |                          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |              | _              |                          |
|     | 15a. Life insurance                                                                                   | 15a.         | ·              | 0.00                     |
|     | 15b. Health insurance                                                                                 | 15b.         | \$             | 0.00                     |
|     | 15c. Vehicle insurance                                                                                | 15c.         | \$             | 0.00                     |
|     | 15d. Other insurance. Specify:                                                                        | 15d.         | \$             | 0.00                     |
| 6.  | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.               | _            | -              | <u> </u>                 |
|     | Specify:                                                                                              | 16.          | \$             | 0.00                     |
| 17. | Installment or lease payments:                                                                        | _            |                |                          |
|     | 17a. Car payments for Vehicle 1                                                                       | 17a.         | \$             | 0.00                     |
|     | 17b. Car payments for Vehicle 2                                                                       | 17b.         | \$             | 0.00                     |
|     | 17c. Other. Specify:                                                                                  | 17c.         | \$             | 0.00                     |
|     | 17d. Other. Specify:                                                                                  | 17d.         | ·              | 0.00                     |
| I R | Your payments of alimony, maintenance, and support that you did not report as                         | '''          | <u> </u>       | 0.00                     |
| ١٠. | deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).                | 18.          | \$             | 0.00                     |
| 19. | Other payments you make to support others who do not live with you.                                   |              | \$             | 0.00                     |
|     | Specify:                                                                                              | 19.          | ·              |                          |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sched                    |              | our Income.    |                          |
|     | 20a. Mortgages on other property                                                                      | 20a.         |                | 0.00                     |
|     | 20b. Real estate taxes                                                                                | 20b.         | ·              | 0.00                     |
|     | 20c. Property, homeowner's, or renter's insurance                                                     | 20c.         | · -            | 0.00                     |
|     | 20d. Maintenance, repair, and upkeep expenses                                                         | 20d.         |                | 0.00                     |
|     | 20e. Homeowner's association or condominium dues                                                      | 20u.<br>20e. |                |                          |
|     |                                                                                                       |              | · -            | 0.00                     |
| ۷٦. | Other: Specify:                                                                                       | 21.          | +\$            | 0.00                     |
| 22. | Calculate your monthly expenses                                                                       |              |                |                          |
|     | 22a. Add lines 4 through 21.                                                                          |              | \$             | 1,422.00                 |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                  |              | \$             | 1,122.00                 |
|     |                                                                                                       |              | ·              | 4 400 00                 |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.                                       |              | \$             | 1,422.00                 |
| 23. | Calculate your monthly net income.                                                                    |              | 1              |                          |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.                                     | 23a.         | \$             | 745.00                   |
|     | 23b. Copy your monthly expenses from line 22c above.                                                  | 23b.         |                | 1,422.00                 |
|     | 200, 30p, jour morning expenses from the 220 above.                                                   | 200.         |                | 1,422.00                 |
|     | 23c. Subtract your monthly expenses from your monthly income.                                         |              |                |                          |
|     | The result is your <i>monthly net income</i> .                                                        | 23c.         | \$             | -677.00                  |
|     | The result to your monthly not income.                                                                |              | 1              |                          |
| 24. | Do you expect an increase or decrease in your expenses within the year after you                      | file this    | s form?        |                          |
|     | For example, do you expect to finish paying for your car loan within the year or do you expect your m |              |                | or decrease because of a |
|     | modification to the terms of your mortgage?                                                           |              |                |                          |
|     | ■ No.                                                                                                 |              |                |                          |
|     | Yes. Explain here:                                                                                    |              |                |                          |
|     |                                                                                                       |              |                |                          |

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| Fill in this infor  | mation to identify your                            | case:                     |                           |                         |                                                                          |
|---------------------|----------------------------------------------------|---------------------------|---------------------------|-------------------------|--------------------------------------------------------------------------|
| Debtor 1            | Michael A Quinn                                    |                           |                           |                         |                                                                          |
| Debtor 2            | First Name                                         | Middle Name               | Last Name                 |                         |                                                                          |
| (Spouse if, filing) | First Name                                         | Middle Name               | Last Name                 |                         |                                                                          |
| United States Ba    | ankruptcy Court for the:                           | NORTHERN DISTRICT         | OF ILLINOIS               |                         |                                                                          |
| Case number         |                                                    |                           |                           |                         |                                                                          |
| (if known)          |                                                    |                           |                           |                         | ☐ Check if this is an amended filing                                     |
| Official Forr       |                                                    |                           |                           |                         |                                                                          |
| Declarat            | tion About a                                       | ın Individual             | Debtor's So               | hedules                 | 12/15                                                                    |
| ·                   | l̃8 U.S.C. §§ 152, 1341, 1<br>In Below             | 319, and 3371.            |                           |                         |                                                                          |
| Did you pa          | ay or agree to pay some                            | one who is NOT an attorn  | ey to help you fill out b | pankruptcy forms?       |                                                                          |
| ■ No                |                                                    |                           |                           |                         |                                                                          |
| ☐ Yes. I            | Name of person                                     |                           |                           |                         | cruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                     | alty of perjury, I declare<br>re true and correct. | that I have read the sumn | nary and schedules file   | ed with this declaratio | on and                                                                   |
| X /s/ Mic           | hael A Quinn                                       |                           | X                         |                         |                                                                          |
| Michae              | el A Quinn<br>ure of Debtor 1                      |                           | Signature of              | Debtor 2                |                                                                          |
| Date                | September 5, 2017                                  |                           | Date                      |                         |                                                                          |

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| Fill   | in this inforn        | mation to identify you   | r case:                                                        |                                   |                                 |                                                                                |
|--------|-----------------------|--------------------------|----------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------------------------------------------------------------|
| Deb    | otor 1                | Michael A Quinn          | Middle Name                                                    | Loot Nama                         |                                 |                                                                                |
| Deb    | otor 2                | riist name               | Middle Name                                                    | Last Name                         |                                 |                                                                                |
| (Spo   | use if, filing)       | First Name               | Middle Name                                                    | Last Name                         |                                 |                                                                                |
| Uni    | ted States Ba         | nkruptcy Court for the:  | NORTHERN DISTRICT                                              | OF ILLINOIS                       |                                 |                                                                                |
| Cas    | se number             |                          |                                                                |                                   |                                 |                                                                                |
| (if kn | own)                  |                          |                                                                |                                   |                                 | Check if this is an                                                            |
|        |                       |                          |                                                                |                                   |                                 | amended filing                                                                 |
| Of•    | ficial Fo             | rm 107                   |                                                                |                                   |                                 |                                                                                |
|        |                       |                          | Affairs for Indivi                                             | duals Filing fo                   | r Bankruntes                    | <b>J</b> 4/10                                                                  |
|        |                       |                          |                                                                |                                   |                                 |                                                                                |
| info   | rmation. If m         | nore space is needed,    | attach a separate sheet to                                     |                                   |                                 | sible for supplying correct es, write your name and case                       |
| num    | ber (if know          | n). Answer every que     | stion.                                                         |                                   |                                 |                                                                                |
| Par    | t 1: Give D           | Details About Your Ma    | arital Status and Where Yo                                     | u Lived Before                    |                                 |                                                                                |
| 1.     | What is you           | r current marital statu  | ıs?                                                            |                                   |                                 |                                                                                |
|        | ☐ Married             |                          |                                                                |                                   |                                 |                                                                                |
|        | ■ Not man             | rried                    |                                                                |                                   |                                 |                                                                                |
| 2.     | During the la         | ast 3 years, have you    | lived anywhere other than                                      | where you live now?               |                                 |                                                                                |
|        | □ No                  |                          | ·                                                              | •                                 |                                 |                                                                                |
|        | _                     | st all of the places you | ived in the last 3 years. Do r                                 | ot include where you live         | e now.                          |                                                                                |
|        |                       | rior Address:            | Dates Debtor 1                                                 | ŕ                                 |                                 | Dates Debtor 2                                                                 |
|        | Debtor 1 Pr           | nor Address.             | lived there                                                    | Deptor 2 Pric                     | or Address.                     | lived there                                                                    |
|        | -                     | t Roscoe St. 2FF         | From-To:<br>11/2015 to                                         | ☐ Same as De                      | ebtor 1                         | ☐ Same as Debtor 1 From-To:                                                    |
|        | Chicago, II           | L 60657                  | 11/2016                                                        |                                   |                                 | FIOH-TO:                                                                       |
|        | 0000 11/              | . F., II                 | From To                                                        |                                   |                                 |                                                                                |
|        | 2622 West Chicago, II |                          | From-To:<br>11/2013 to                                         | ☐ Same as De                      | ebtor 1                         | ☐ Same as Debtor 1 From-To:                                                    |
|        | 0 /                   |                          | 11/2015                                                        |                                   |                                 |                                                                                |
|        |                       |                          |                                                                |                                   |                                 |                                                                                |
|        |                       |                          | ver live with a spouse or le<br>lifornia, Idaho, Louisiana, Ne |                                   |                                 | <b>te or territory?</b> ( <i>Community property</i><br>nington and Wisconsin.) |
|        | _                     | ,                        | , ,                                                            | ,                                 | , ,                             | J ,                                                                            |
|        | ■ No □ Ves Ma         | ake sure vou fill out Sc | nedule H: Your Codebtors (C                                    | Official Form 106H)               |                                 |                                                                                |
|        | i es. ivia            | ake sure you fill out 30 | redule 11. Tour Codebiors (C                                   | miciai Form Toorij.               |                                 |                                                                                |
| Par    | t 2 Explai            | in the Sources of You    | r Income                                                       |                                   |                                 |                                                                                |
| 4.     | Did you hav           | e any income from er     | nployment or from operati                                      | ng a business during th           | nis year or the two pr          | revious calendar years?                                                        |
|        |                       |                          | u received from all jobs and have income that you received     |                                   |                                 | •                                                                              |
|        | _                     | ig a joint case and you  | Thave income that you recen                                    | re together, hat it only on       | ce under Debtor 1.              |                                                                                |
|        | □ No □                | lip the details          |                                                                |                                   |                                 |                                                                                |
|        | ■ Yes. Fill           | I in the details.        |                                                                |                                   |                                 |                                                                                |
|        |                       |                          | Debtor 1                                                       | _                                 | Debtor 2                        |                                                                                |
|        |                       |                          | Sources of income<br>Check all that apply.                     | Gross income (before deductions a | Sources of in<br>Check all that |                                                                                |
|        |                       |                          | , , ,                                                          | exclusions)                       |                                 | and exclusions)                                                                |

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|     |                                     |                                 |                                                   | Debtor 1                                                                                                                         |                                                                           | Debtor 2                                           |                                                       |
|-----|-------------------------------------|---------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
|     |                                     |                                 |                                                   | Sources of income<br>Check all that apply.                                                                                       | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.         | Gross income<br>(before deductions<br>and exclusions) |
|     |                                     | / 1 of currer<br>filed for ban  |                                                   | ■ Wages, commissions, bonuses, tips                                                                                              | \$2,793.00                                                                | ☐ Wages, commissio bonuses, tips                   | ns,                                                   |
|     |                                     |                                 |                                                   | ☐ Operating a business                                                                                                           |                                                                           | ☐ Operating a busine                               | ess                                                   |
|     | last caler<br>nuary 1 to            | dar year:<br>December 3         | 31, 2016 )                                        | ■ Wages, commissions, bonuses, tips                                                                                              | \$17,489.00                                                               | ☐ Wages, commissio bonuses, tips                   | ns,                                                   |
|     |                                     |                                 |                                                   | ☐ Operating a business                                                                                                           |                                                                           | ☐ Operating a busine                               | ess                                                   |
|     |                                     | dar year bef<br>December 3      |                                                   | ■ Wages, commissions, bonuses, tips                                                                                              | \$31,325.00                                                               | ☐ Wages, commissio bonuses, tips                   | ins,                                                  |
|     |                                     |                                 |                                                   | ☐ Operating a business                                                                                                           |                                                                           | ☐ Operating a busine                               | ess                                                   |
|     | and other winnings.  List each:  No | public benef<br>If you are fili | it payments;  <br>ng a joint cas<br>ne gross inco | er that income is taxable. Exa<br>pensions; rental income; inter<br>e and you have income that y<br>me from each source separat  | est; dividends; money collector received together, list it o              | ted from lawsuits; royaltionly once under Debtor 1 | es; and gambling and lottery                          |
|     |                                     |                                 |                                                   | Debtor 1                                                                                                                         |                                                                           | Debtor 2                                           |                                                       |
|     |                                     |                                 |                                                   | Sources of income<br>Describe below.                                                                                             | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income Describe below.                  | Gross income<br>(before deductions<br>and exclusions) |
| Par | t 3: Lis                            | t Certain Pa                    | yments You                                        | Made Before You Filed for I                                                                                                      | Bankruptcy                                                                |                                                    |                                                       |
| 6.  | Are eithe                           | Neither De                      | btor 1 nor D                                      | s debts primarily consumer<br>lebtor 2 has primarily consu<br>personal, family, or househol                                      | mer debts. Consumer debts                                                 | s are defined in 11 U.S.C                          | :. § 101(8) as "incurred by an                        |
|     |                                     | During the No.                  | 90 days befo<br>Go to line 7                      | re you filed for bankruptcy, di                                                                                                  | d you pay any creditor a total                                            | of \$6,425* or more?                               |                                                       |
|     |                                     | □ Yes                           | List below e<br>paid that cre<br>not include      | each creditor to whom you pai<br>editor. Do not include paymen<br>payments to an attorney for th<br>on 4/01/19 and every 3 years | ts for domestic support oblig<br>nis bankruptcy case.                     | ations, such as child sup                          | pport and alimony. Also, do                           |
|     | ■ Yes.                              |                                 |                                                   | r both have primarily consure you filed for bankruptcy, die                                                                      |                                                                           | of \$600 or more?                                  |                                                       |
|     |                                     | ■ No.                           | Go to line 7                                      |                                                                                                                                  |                                                                           |                                                    |                                                       |
|     |                                     | □ Yes                           | include pay                                       | each creditor to whom you pai<br>ments for domestic support ol<br>this bankruptcy case.                                          |                                                                           |                                                    |                                                       |
|     | Creditor                            | s Name and                      | l Address                                         | Dates of payme                                                                                                                   | nt Total amount                                                           | Amount you Was                                     | this payment for                                      |

Case 17-26568 Doc 1 Filed 09/05/17 Entered 09/05/17 13:49:25 Document Page 33 of 48 Case number (*if known*) Debtor 1 Michael A Quinn Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Check all that apply and fill in the details below.

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| Par | t 5: List Certain Gifts and Contributions                                                                                                     |                                                                                                                                                   |                                         |                           |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------|
| 13. | Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift.                                                      | ccy, did you give any gifts with a total value of more t                                                                                          | han \$600 per person                    | ?                         |
|     | Gifts with a total value of more than \$600 per person                                                                                        | Dates you gave the gifts                                                                                                                          | Value                                   |                           |
|     | Person to Whom You Gave the Gift and Address:                                                                                                 |                                                                                                                                                   |                                         |                           |
| 14. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift or cont                                           | ccy, did you give any gifts or contributions with a total                                                                                         | al value of more than                   | \$600 to any charity?     |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)              |                                                                                                                                                   | Dates you contributed                   | Value                     |
| Par | t 6: List Certain Losses                                                                                                                      |                                                                                                                                                   |                                         |                           |
| 15. | Within 1 year before you filed for bankruptor gambling?  No Yes. Fill in the details.                                                         | ey or since you filed for bankruptcy, did you lose any                                                                                            | thing because of the                    | it, fire, other disaster, |
|     |                                                                                                                                               | escribe any insurance coverage for the loss                                                                                                       | Date of your                            | Value of property         |
|     | how the loss occurred                                                                                                                         | clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.                                       | loss                                    | lost                      |
| Par | t 7: List Certain Payments or Transfers                                                                                                       |                                                                                                                                                   |                                         |                           |
| 16. | consulted about seeking bankruptcy or pre                                                                                                     | ey, did you or anyone else acting on your behalf pay of paring a bankruptcy petition? parers, or credit counseling agencies for services required |                                         | rty to anyone you         |
|     | □ No                                                                                                                                          |                                                                                                                                                   |                                         |                           |
|     | Yes. Fill in the details.                                                                                                                     |                                                                                                                                                   |                                         |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                         | Description and value of any property transferred                                                                                                 | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | Cohen & Krol<br>105 West Madison Street<br>Suite 1100<br>Chicago, IL 60602-4600<br>Paid by Uncle                                              | Attorney Fees                                                                                                                                     | 8/16/17                                 | \$1,885.00                |
| 17. | Within 1 year before you filed for bankrupto<br>promised to help you deal with your credito<br>Do not include any payment or transfer that yo |                                                                                                                                                   | or transfer any prope                   | rty to anyone who         |
|     | ■ No                                                                                                                                          |                                                                                                                                                   |                                         |                           |
|     | Yes. Fill in the details.                                                                                                                     |                                                                                                                                                   |                                         |                           |
|     | Person Who Was Paid<br>Address                                                                                                                | Description and value of any property transferred                                                                                                 | Date payment<br>or transfer was<br>made | Amount of payment         |

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Debtor 1 Michael A Quinn

| 8.  | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No | ousiness or financial affa<br>ade as security (such as t      | airs?<br>the granting of a s            |              |                                                               |                                     |      |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|--------------|---------------------------------------------------------------|-------------------------------------|------|
|     | ☐ Yes. Fill in the details.                                                                                                                                                                   |                                                               |                                         |              |                                                               |                                     |      |
|     | Person Who Received Transfer Address                                                                                                                                                          | •                                                             | property transferred payments           |              | be any property or<br>nts received or debts<br>exchange       | Date transfer w                     | /as  |
|     | Person's relationship to you                                                                                                                                                                  |                                                               |                                         |              |                                                               |                                     |      |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro                                                                                                   |                                                               | y property to a s                       | self-settled | l trust or similar device                                     | of which you are                    | а    |
|     | Yes. Fill in the details.                                                                                                                                                                     |                                                               |                                         |              |                                                               |                                     |      |
|     | Name of trust                                                                                                                                                                                 | Description and v                                             | alue of the prop                        | erty transi  | ferred                                                        | Date Transfer v                     | was  |
| Par | t 8: List of Certain Financial Accounts, In                                                                                                                                                   | struments. Safe Deposit                                       | Boxes, and Sto                          | rage Units   | <b>3</b>                                                      |                                     |      |
|     | <u></u>                                                                                                                                                                                       |                                                               |                                         |              |                                                               |                                     |      |
| 20. | Within 1 year before you filed for bankrupto<br>sold, moved, or transferred?<br>Include checking, savings, money market, or                                                                   | •                                                             |                                         |              |                                                               | ,                                   |      |
|     | houses, pension funds, cooperatives, associated No                                                                                                                                            | ciations, and other finar                                     | ncial institutions                      | -            |                                                               |                                     |      |
|     | Yes. Fill in the details.                                                                                                                                                                     |                                                               |                                         |              |                                                               |                                     |      |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)                                                                                                          | Last 4 digits of account number                               | • • • • • • • • • • • • • • • • • • • • |              | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last bala<br>before closing<br>tran | g or |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?                                                                                                                           | year before you filed for                                     | bankruptcy, any                         | y safe dep   | osit box or other depos                                       | itory for securitie                 | es,  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                              |                                                               |                                         |              |                                                               |                                     |      |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                           | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                                         | Describe t   | he contents                                                   | Do you still have it?               |      |
| 22. | Have you stored property in a storage unit of                                                                                                                                                 | or place other than your                                      | home within 1 y                         | ear before   | e you filed for bankrupto                                     | cy?                                 |      |
|     | ■ No                                                                                                                                                                                          |                                                               |                                         |              |                                                               |                                     |      |
|     | Yes. Fill in the details.                                                                                                                                                                     |                                                               |                                         |              |                                                               |                                     |      |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                | to it?                                                        | to it? Address (Number, Street, City,   |              | he contents                                                   | Do you still have it?               |      |
| Par | t 9: Identify Property You Hold or Control                                                                                                                                                    | for Someone Else                                              |                                         |              |                                                               |                                     |      |
| 23. | Do you hold or control any property that so for someone.                                                                                                                                      |                                                               | ude any property                        | you borr     | owed from, are storing t                                      | or, or hold in tru                  | st   |
|     | ■ No                                                                                                                                                                                          |                                                               |                                         |              |                                                               |                                     |      |
|     | Yes. Fill in the details.                                                                                                                                                                     |                                                               |                                         |              |                                                               |                                     |      |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                            | Where is the prop<br>(Number, Street, City, S<br>Code)        |                                         | Describe t   | he property                                                   | Va                                  | alue |
| Par | t 10: Give Details About Environmental Info                                                                                                                                                   |                                                               |                                         |              |                                                               |                                     |      |
| or  | the purpose of Part 10, the following definiti                                                                                                                                                | ons apply:                                                    |                                         |              |                                                               |                                     |      |
|     |                                                                                                                                                                                               |                                                               |                                         |              |                                                               |                                     |      |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Michael A Quinn

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|     | haz                                                                                                 | ardous material, pollutant, contaminant,                                            | or similar term.                                                           | hazardous material, pollutant, contaminant, or similar term. |                                                                    |                    |  |  |  |
|-----|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------|--------------------|--|--|--|
| Rep | eport all notices, releases, and proceedings that you know about, regardless of when they occurred. |                                                                                     |                                                                            |                                                              |                                                                    |                    |  |  |  |
| 24. | Has                                                                                                 | any governmental unit notified you that                                             | you may be liable or potentially liable                                    | und                                                          | ler or in violation of an environme                                | ntal law?          |  |  |  |
|     |                                                                                                     | No                                                                                  |                                                                            |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | Yes. Fill in the details.                                                           |                                                                            |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | me of site<br>dress (Number, Street, City, State and ZIP Code)                      | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d                                                            | Environmental law, if you know it                                  | Date of notice     |  |  |  |
| 25. | Hav                                                                                                 | re you notified any governmental unit of                                            | any release of hazardous material?                                         |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | No<br>Yes. Fill in the details.                                                     |                                                                            |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | me of site<br>dress (Number, Street, City, State and ZIP Code)                      | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | i                                                            | Environmental law, if you know it                                  | Date of notice     |  |  |  |
| 26. | Hav                                                                                                 | re you been a party in any judicial or adn                                          | ninistrative proceeding under any envi                                     | ronn                                                         | nental law? Include settlements a                                  | nd orders.         |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                    |                                                                                     |                                                                            |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | se Title<br>se Number                                                               | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nat                                                          | ture of the case                                                   | Status of the case |  |  |  |
| Par | t 11:                                                                                               | Give Details About Your Business or                                                 | Connections to Any Business                                                |                                                              |                                                                    |                    |  |  |  |
| 27. | Wit                                                                                                 | —<br>hin 4 years before you filed for bankrupt                                      | cy, did you own a business or have an                                      | v of                                                         | the following connections to any                                   | husiness?          |  |  |  |
|     |                                                                                                     | ☐ A sole proprietor or self-employed in                                             |                                                                            | •                                                            | •                                                                  |                    |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)              |                                                                                     |                                                                            |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | ☐ A partner in a partnership                                                        |                                                                            |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | ☐ An officer, director, or managing exc                                             | ecutive of a corporation                                                   |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | ☐ An owner of at least 5% of the voting                                             | g or equity securities of a corporation                                    |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | No. None of the above applies. Go to F                                              | art 12.                                                                    |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | Yes. Check all that apply above and fill                                            | in the details below for each business                                     | i.                                                           |                                                                    |                    |  |  |  |
|     |                                                                                                     | siness Name<br>dress                                                                | Describe the nature of the business                                        |                                                              | Employer Identification number<br>Do not include Social Security r |                    |  |  |  |
|     |                                                                                                     | mber, Street, City, State and ZIP Code)                                             | Name of accountant or bookkeeper                                           |                                                              | Dates business existed                                             | iumber of friit.   |  |  |  |
| 28. |                                                                                                     | hin 2 years before you filed for bankrupt<br>itutions, creditors, or other parties. | cy, did you give a financial statement t                                   | o an                                                         |                                                                    | de all financial   |  |  |  |
|     | _                                                                                                   | Ma                                                                                  |                                                                            |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | No Yes. Fill in the details below.                                                  |                                                                            |                                                              |                                                                    |                    |  |  |  |
|     | Ad                                                                                                  | me<br>dress<br>mber, Street, City, State and ZIP Code)                              | Date Issued                                                                |                                                              |                                                                    |                    |  |  |  |
|     |                                                                                                     | <b>-</b>                                                                            |                                                                            |                                                              |                                                                    |                    |  |  |  |

Part 12: Sign Below

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Debtor 1 Michael A Quinn

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Mid         | chael A Quinn           |                                                                                                       |
|-----------------|-------------------------|-------------------------------------------------------------------------------------------------------|
| Michael A Quinn |                         | Signature of Debtor 2                                                                                 |
| Signat          | ture of Debtor 1        |                                                                                                       |
| Date            | September 5, 2017       | Date                                                                                                  |
| Did you<br>■ No | u attach additional paç | ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| □ Yes           |                         |                                                                                                       |
| Did you         | u pay or agree to pay s | someone who is not an attorney to help you fill out bankruptcy forms?                                 |
| ■ No            |                         |                                                                                                       |
| П Уес           | Name of Person          | Attach the Bankruntov Petition Prenarer's Notice Declaration and Signature (Official Form 119)        |

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|                                                                     |                                                                                                                                                | 200                                                                                  | amone rago do or ro                                             |                                                     |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| Fill in this infor                                                  | mation to identify your c                                                                                                                      | ase:                                                                                 |                                                                 |                                                     |
| Debtor 1                                                            | Michael A Quinn                                                                                                                                |                                                                                      |                                                                 |                                                     |
|                                                                     | First Name                                                                                                                                     | Middle Name                                                                          | Last Name                                                       |                                                     |
| Debtor 2<br>(Spouse if, filing)                                     | First Name                                                                                                                                     | Middle Name                                                                          | Last Name                                                       |                                                     |
| United States Ba                                                    | ankruptcy Court for the:                                                                                                                       | NORTHERN DIS                                                                         | TRICT OF ILLINOIS                                               |                                                     |
| Case number                                                         |                                                                                                                                                |                                                                                      |                                                                 |                                                     |
| (if known)                                                          |                                                                                                                                                |                                                                                      |                                                                 | Check if this is an amended filing                  |
| If you are an ind  creditors hav  you have leaded  You must file th | lividual filing under chap<br>we claims secured by you<br>sed personal property an<br>is form with the court wi<br>ever is earlier, unless the | oter 7, you must fil<br>ir property, or<br>nd the lease has n<br>ithin 30 days after |                                                                 | for the meeting of creditors,                       |
| If two married p                                                    |                                                                                                                                                | in a joint case, bo                                                                  | th are equally responsible for supplying correct int            | formation. Both debtors must                        |
|                                                                     | and accurate as possibl<br>your name and case num                                                                                              |                                                                                      | s needed, attach a separate sheet to this form. On t            | he top of any additional pages,                     |
| Part 1: List Y                                                      | our Creditors Who Have                                                                                                                         | Secured Claims                                                                       |                                                                 |                                                     |
| 1. For any credi                                                    |                                                                                                                                                | rt 1 of Schedule D                                                                   | : Creditors Who Have Claims Secured by Property                 | (Official Form 106D), fill in the                   |
|                                                                     | reditor and the property th                                                                                                                    | at is collateral                                                                     | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C |
|-----------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|
| Creditor's                                                | ☐ Surrender the property.                                          | □ No                                               |
| name:                                                     | Retain the property and redeem it.                                 |                                                    |
| Description of                                            | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes                                              |
| property                                                  | ☐ Retain the property and [explain]:                               |                                                    |
| securing debt:                                            |                                                                    |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                          | □ No                                               |
| name:                                                     | Retain the property and redeem it.                                 |                                                    |
| Description of                                            | Retain the property and enter into a<br>Reaffirmation Agreement.   | ☐ Yes                                              |
| property                                                  | ☐ Retain the property and [explain]:                               |                                                    |
| securing debt:                                            |                                                                    |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                          | □ No                                               |
| name:                                                     | ☐ Retain the property and redeem it.                               |                                                    |
| Description of                                            | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes                                              |
| property                                                  | ☐ Retain the property and [explain]:                               |                                                    |
| securing debt:                                            |                                                                    |                                                    |
| Creditor's                                                | ☐ Surrender the property.                                          | □ No                                               |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Michael A Quinn    |                                                                                   | Case number (if known)                                                                                                                                                |                                          |  |
|-----------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| name:  Description property | n of                                                                              | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.                                                                  | ☐ Yes                                    |  |
| securing d                  | ebt:                                                                              | ☐ Retain the property and [explain]:                                                                                                                                  |                                          |  |
| or any unex                 | ation below. Do not list real estate leases                                       | ses<br>sted in Schedule G: Executory Contracts and Un<br>s. Unexpired leases are leases that are still in effe<br>se if the trustee does not assume it. 11 U.S.C. § 3 | ect; the lease period has not yet ended. |  |
| Describe you                | ur unexpired personal property leases                                             |                                                                                                                                                                       | Will the lease be assumed?               |  |
| Lessor's nam                | ne: Wirtz Realty Corps.                                                           |                                                                                                                                                                       | □ No                                     |  |
|                             |                                                                                   |                                                                                                                                                                       | ■ Yes                                    |  |
| Description o<br>Property:  | f leased Residential Lease or 2619 W                                              | /est Gunnison, Apt 3E, Chicago, IL                                                                                                                                    |                                          |  |
| Part 3: Sig                 | gn Below                                                                          |                                                                                                                                                                       |                                          |  |
|                             | y of perjury, I declare that I have indicate<br>is subject to an unexpired lease. | ed my intention about any property of my estate t                                                                                                                     | hat secures a debt and any personal      |  |
| X /s/ Mich                  | nael A Quinn                                                                      | X                                                                                                                                                                     |                                          |  |
|                             | el A Quinn<br>re of Debtor 1                                                      | Signature of Debtor 2                                                                                                                                                 |                                          |  |
| Date                        | September 5, 2017                                                                 | Date                                                                                                                                                                  |                                          |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-26568 Doc 1 Filed 09/05/17 Entered 09/05/17 13:49:25 Desc Main Document Page 44 of 48

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In re Michael A Quinn Case No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|--|--|
| Debtor(s) Chapter 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |  |  |  |  |
| DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (S)                       |  |  |  |  |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:                                                                                                                                                  |                           |  |  |  |  |
| For legal services, I have agreed to accept \$ 1,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.00_                     |  |  |  |  |
| Prior to the filing of this statement I have received \$ 1,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.00_                     |  |  |  |  |
| Balance Due \$ C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.00                      |  |  |  |  |
| 2. \$ 335.00 of the filing fee has been paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |  |  |  |  |
| 3. The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |  |  |  |  |
| ☐ Debtor ☐ Other (specify): Paid by Uncle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |  |  |  |  |
| 4. The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |  |  |  |  |
| ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |  |  |  |  |
| 5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and as                                                                                                                                                                                                                                                                                                                                                                                                                                   | ssociates of my law firm. |  |  |  |  |
| ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associate copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.                                                                                                                                                                                                                                                                                                                   | tes of my law firm. A     |  |  |  |  |
| 6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, include                                                                                                                                                                                                                                                                                                                                                                                                                       | ling:                     |  |  |  |  |
| <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Representations of Debtor against Motions for Relief and Motions to Dismiss</li> </ul> |                           |  |  |  |  |
| 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions or any other adversary proceeding.                                                                                                                                                                                                                                                                                                                                                 |                           |  |  |  |  |
| CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |  |  |  |  |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.                                                                                                                                                                                                                                                                                                                                                                             |                           |  |  |  |  |
| September 5, 2017 /s/ Gina B. Krol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |  |  |  |  |
| Date Gina B. Krol 6187642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |  |  |  |  |
| Signature of Attorney Cohen & Krol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |  |  |  |  |
| 105 West Madison Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |  |  |  |  |
| Suite 1100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |  |  |  |  |
| Chicago, IL 60602-4600<br>312.368.0300 Fax: 312.368.4559                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |  |  |  |  |

Name of law firm

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Michael A Quinn                              |                                                         | Case No.       |                           |  |
|-------|----------------------------------------------|---------------------------------------------------------|----------------|---------------------------|--|
|       |                                              | Debtor(s)                                               | Chapter        | 7                         |  |
|       | VER                                          | VERIFICATION OF CREDITOR MATRIX                         |                |                           |  |
|       |                                              | Number of C                                             | reditors:      | 23                        |  |
|       | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of creditor               | rs is true and | correct to the best of my |  |
| Date: | September 5, 2017                            | /s/ Michael A Quinn Michael A Quinn Signature of Debtor |                |                           |  |

Arnold Scott Harris, PC 111 West Jackson Blvd. Chicago, IL 60604

ARS National Services Inc. PO Box 463023 Escondido, CA 92046

At & T PO Box 6463 Carol Stream, IL 60197

Bank of America P. O. Box 19886 Wilmington, DE 19886

Bk Of Amer Po Box 982238 El Paso, TX 79998

Capital One PO Box 6103 Carol Stream, IL 60197-6103

Capitan Management Services LP 698 1/2 S. Ogden St. Buffalo, NY 14206-2317

Chase PO Box 15548 Wilmington, DE 19886-5548

Chase Bank
P.O Box 182223
Columbus, OH 43218

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

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Credence 17000 Dallas Parkway, Suite 204 Dallas, TX 75248

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Edward Health Ventures 26185 Network Place Chicago, IL 60673

Joseph Mann & Creed 8948 Canyon Falls Blvd S Twinsburg, OH 44087

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Paul Ripp 4202 N. Winchester Ave. Chicago, IL 60613

Peoples Gas Attn: Bankruptcy 200 E Randolph Chicago, IL 60601

RCN Telecom Services, LLC

Wirtz Realty Corps. 680 North Lakeshore Dr. 19th FL Chicago, IL 60611